

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 128 OF 198

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CARL DEMAIIO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Kelly Olds

Mailing Address 56 Golden Eagle

City
IrvineState
CAZip Code
92603-0309FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Transaction ID : A3EC7F70D6CEB4BE2A96

Amount of Each Receipt this Period

300.00

Reattribution from Spouse

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Mr. Thomas Olds

Mailing Address 56 Golden Eagle

City
IrvineState
CAZip Code
92603-0309FEC ID number of contributing
federal political committee.

C

Name of Employer
Generations HealthcareOccupation
CEO/Owner

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2014

Transaction ID : A83A0B0F5AC2D460EA60

Amount of Each Receipt this Period

2500.00

As Previously Reported

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

143675.86